

Patient Name	: Ms.SIYA DULARI	Visit No	: CHA250046419
Age/Gender	: 46 Y/F	Registration ON	: 16/Mar/2025 02:06PM
<b>Lab No</b>	<b>: 10143714</b>	Sample Collected ON	: 16/Mar/2025 02:06PM
Referred By	: Dr.KG1	Sample Received ON	:
Refer Lab/Hosp	: CHARAK NA	Report Generated ON	: 16/Mar/2025 05:25PM

## MRCP

### IMAGING SEQUENCES (NCMR)

**AXIAL:** T1, T2 & T2 FS. **CORONAL:** T1 & T2 W images; SSFSE.

Small ill defined altered signal intensity lesion measuring approx. 17 (AP) x 19 (TR) x 14 mm (CC) is seen in periampullary region closely abutting the antero-medial wall of D2 segment of duodenum and uncinate process of pancreas. The lesion is causing narrowing of distal CBD. Rest of the CBD is mildly dilated, maximum diameter approx. 11 mm with mild bilobar intrahepatic biliary radical dilatation. Biliary confluence is patent. No CBD calculus is seen. Stent is seen in situ with its proximal tip extending in left hepatic duct. Interface of the lesion with superior mesenteric vessels and portal vein is maintained.

**Liver** is enlarged in size measures 18 cm & MR morphology. Margins are regular. No focal lesion is seen. Portal and hepatic venous channels are within normal limits.

**Gall bladder** is mildly over distended and shows small sludge in lumen. Walls are normal in thickness & regular. No intraluminal calculus is seen. No obvious mass is seen. Cystic duct is normally visualised with normal insertion.

**Pancreas** is normal in size & MR morphology. Margins are regular. Pancreatic duct is not dilated. No focal lesion is observed. No suggestion of pancreatic divisum or chronic pancreatitis is seen. Peripancreatic fat planes clear.

**Spleen** is normal in size & MR morphology. No focal lesion is observed. Splenoportal axis is normal.

**Kidneys:** Both kidneys are normal in position and size. No hydronephrosis noted. Visualized upper ureters are normal.

Retroperitoneal major vessels with aortic bifurcation are normal. Celiac axis & superior mesenteric artery are normal. Few subcentimeteric lymphnodes are seen in periportal, porto-caval and para-aortic region, largest measuring approx. 16 x 9 mm.

No free fluid is seen.

## IMPRESSION

- **Small ill defined altered signal intensity lesion in periampullary region causing narrowing of distal CBD with mild bilobar I.H.B.R.D as described - ? Neoplastic (ADV : Contrast study and histopathological correlation).**

Please correlate clinically.

**DR. RAVENDRA SINGH**  
**MD**

(Transcribed by Rachna)



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